



Professional Licensing Boards Division

Order Form * Decorative Wall Certificate

Georgia Secretary of State
Professional Licensing Boards Division
237 Coliseum Dr.
Macon, GA 31208
(478) 207-2440

- Please complete (print/type) form below – your name will be printed on the wall certificate the same as on your pocket-card license.
- Submit this form with the appropriate fee via personal check, money order or cashier's check made payable to the Professional Licensing Boards Division.

Athletic Trainers - \$25
Audiologist - \$25
Chiropractor - \$50
Dentist - \$50
Dental Hygienist - \$25
Optometrist - \$50
Physical Therapist - \$25
Physical Therapist Assistant - \$25
Speech Language Pathologist \$25
Veterinarians - \$50
Veterinary Technicians - \$25

Please do not submit this form and fee until you are in receipt of your license.

Name _____

Mailing Address _____
(Street Address)

City State Zip _____

Daytime telephone (____) _____

E-mail address _____

License # _____ (i.e. CHIR123456)

Please allow 6 weeks for delivery.